

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

01 - 01 MA

2. STATE:

New Jersey

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL  
SECURITY ACT (MEDICAID)  
Title XIXTO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES4. PROPOSED EFFECTIVE DATE  
2/1/2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 C.F.R. 447.300

7. FEDERAL BUDGET IMPACT:

a. FFY 2001 \$1.69 million

b. FFY 2002 \$2.25 million

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Supplement 1.B to Attachment 3.1-A  
Page 1, Page 2  
Addendum to Attachment 3.1-A, Page 19a  
Attachment 4.19B, Page 219. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable):New Pages  
Same  
Same

10. SUBJECT OF AMENDMENT:

Care Management Organization Services

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt pursuant to 7.4 of the Plan

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

14. TITLE: Acting  
Commissioner

15. DATE SUBMITTED:

16. RETURN TO:

Division of Medical Assistance  
and Health Services  
P.O. Box 712  
Trenton, NJ 08625-0712

**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT**

**State/Territory: New Jersey**

**CHILDREN'S SYSTEM OF CARE INITIATIVE/CARE MANAGEMENT  
ORGANIZATION SERVICES**

**A. Target Group:**

Care management organization services, provided through the Children's System of Care Initiative, are targeted to children up to 18 years of age and their families, as well as youth 18 up to 21 years of age transitioning to the adult system, who require a more intensive level of care management due to:

1. Severe emotional and behavioral disturbance resulting in significant functional impairment; or
2. The involvement of multiple agencies or systems such as the Division of Mental Health Services, the Division of Youth and Family Services, the Juvenile Justice System or the court system; or
3. A disruption of a current therapeutic placement; or
4. The risk of a psychiatric rehospitalization; or
5. The risk of placement outside the home or community, except for foster care placements if they do not meet any of the criteria in 1 through 4 above.

**B. Areas of State in which services will be provided:**

- ☐ Entire State
- ☒ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide):

Burlington, Monmouth and Union counties.

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TN 01-01 Effective Date MAY 08 2001  
Supersedes TN New Effective Date FEB 01 2001

**C. Comparability of Services:**

- ☐ Services are provided in accordance with section 1902 (a)(10)(B) of the Act.
- ☒ Services are not comparable in amount, duration and scope. Authority of section 1915 (g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902 (a)(10)(B) of the Act.

**D. Definition of Services**

Care coordination consists of the completion of a comprehensive, intersystem assessment; development of an individualized service plan that includes treatment planning, and implementation of the plan, to eligible children and their families through community-based care providers. The Care Management Organizations will also organize, develop and manage the delivery of community-based services and support systems, and coordinate the Individual Service Plan to insure the availability of a full array of formal and informal service networks.

The CMO is responsible for meeting with the family with 72 hours of the referral, referring the child and family to the family support organization, and creating, with the family, an interim plan within 7 days, and coordinating and initiating the interim plan while the CMO is coordinating the development of the comprehensive ISP. The Comprehensive ISP is completed by the ISP team within 30 days, and reviewed and amended at least every 90 days by the ISP team if an earlier review is not needed. . The CMO is responsible for coordinating the ISP team meetings, and working with the families, the child, the providers and all systems partners to implement the ISP, to work with providers to assist the child and the family to meet the outcomes identified in the ISP and to revise the ISP as needed. The CMO is also responsible for assisting the child and family to access all the services for all domains identified in the ISP and in assisting the family to transition the child and family from CMO services to a community based, natural support network of services.

As part of the ISP, the CMO is responsible for assuring that there is a crisis management plan, and that the family/child and systems partners are all aware of the plan. The CMO is also responsible for assuring that they are available 24 hours a day to manage crises

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as needed. The CMO will also identify and develop informal natural helping networks to support the family and child in the community.

The CMO is also responsible for tracking and analyzing client statuses, ISP outcomes, service/resource availability and utilization, and quality of care and cost indicators, and to use this information to improve their performance and the performance of the systems partners, including providers of the services.

#### **E. Qualifications of Providers**

Eligible providers must be entities under contract with the Department of Human Services to specifically provide care management organization services.

At a ratio of one supervisor for each 10 care coordinators, supervisors have a Master's degree in a relevant discipline (e.g. social work, counseling, psychology, psychiatric nursing, criminal justice, special education) with a minimum of two years' post Master's related supervisory experience in child welfare, children's mental health, juvenile justice, special education or a related public sector human services or behavioral health field working with at risk children and families). They also have experience in clinical assessment and child/adolescent development.

Care Managers have a minimum of a Bachelor's Degree or a Master's degree in a related field (e.g. social work, counseling, psychology, psychiatric nursing, criminal justice, special education) and a minimum of one year related experience.

#### **F. Assurances**

The State assures that the provision of care management organization services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1. Eligible beneficiaries will have free choice of their care management coordinators for care management organization services.
2. Eligible beneficiaries will have free choice of the providers of other medical care under the Individual Service Plan.

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3. Payment for care management organization services under the plan does not duplicate payments made to public agencies or private entities under the other program authorities for the same purpose or payments made by other third parties. There are no other third parties liable to pay for these services.

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Limitations on Amount, Duration, and Scope of Services  
Provided to the Categorically Needy and Children's System of Care  
Initiative**

19a Case Management Services/Categorically Needy

1. Clinical case management services, except for the initial evaluation services, must be prior authorized by the Division of Mental Health Services.
2. Liaison case management services are limited to sixty days post discharge from a hospital or inpatient psychiatric program.
3. Care Management Organization Services for the Children's System of Care Initiative: Services must be prior authorized by the Department or its designated agent.

01-01-MA (NJ)

Supersedes 94 26

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**STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
Reimbursement for Services**

Case Management

1. Reimbursement for clinical case management services and liaison case management services under the case management program/mental health (CMP/MH) program will be fee for service.
2. Reimbursement for early intervention case management services for EPSDT eligible infants and toddlers will be fee for service at a monthly rate.
3. Reimbursement for care management organization services under the Children's System of Care Initiative will be fee for service at a monthly rate.

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Supersedes 93-30

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